

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 127 / 193

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Julie Song

Mailing Address 9 Lu Stubbs Ln

City

Sharon

State

MA

Zip Code

02067-2367

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rhode Island Medical Imag-
ing

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 5 / 2 0 1 0

Transaction ID: 37514548

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Patricia Spencer

Mailing Address Women & Infants Hospital
101 Dudley St Floor 0 Rm 0615

City

Providence

State

RI

Zip Code

02905-2401

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rhode Island Hospital

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 5 / 2 0 1 0

Transaction ID: 37514549

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Glenn Tung

Mailing Address 12 Knife Shop Ln

City

Sharon

State

MA

Zip Code

02067-2274

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brown Univ Sch of Medicine

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 5 / 2 0 1 0

Transaction ID: 37514550

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)